

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Gila</u>	BUREAU OF VITAL STATISTICS 125	State Index No. 898	
District of _____	ORIGINAL CERTIFICATE OF BIRTH	Co. Register No. <u>268</u>	
Town of <u>Miami</u>		Local Registrar's No. _____	
or _____			
City of _____	(No. <u>145</u> <u>Gilson</u> St; _____ Ward)		
FULL NAME OF CHILD <u>Nellie Katie Arzowich</u>		Born <input checked="" type="checkbox"/> YES	Alive <input checked="" type="checkbox"/> NO
If child is not named, make Supplemental Report on blank obtainable from local registrar.			
Sex of Child <u>Female</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____
		Legitimate? <u>yes</u>	Date of Birth <u>Sept. 12</u> 19 <u>15</u>
			(Month) (Day) (Yr.)
FATHER		MOTHER	
Full Name <u>Mike Nick Arzowich</u>		Full Maiden Name <u>Paulina Mary Milgis</u>	
Residence <u>145 Gilson St., Miami</u>		Residence <u>Austria Miami</u>	
Color or Race <u>White</u>	Age at last Birthday <u>43</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>31</u> (Years)
Birthplace <u>Austria</u>		Birthplace <u>Austria</u>	
Occupation <u>Miner</u>		Occupation <u>Housewife</u>	
Number of child of this mother <u>6</u>		Number of children, of this mother, now living <u>5</u>	
		Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>12th Sept.</u> 19 <u>15</u> , at <u>3</u> P.M.			
{ *When there is no attending physician or midwife, then the householder should make this return.		(Signature) <u>J. D. Miller M.D.</u>	
		(Attending physician, midwife, householder.)*	
Given or christian name added from a supplemental report _____ 191_____		Address <u>Miami, Ariz.</u>	
528-912-742		LOCAL REGISTRAR	
COUNTY REGISTRAR.		COUNTY REGISTRAR.	

Filed Sept 20 1915

Filed Oct 9 1915

A True Copy